



Medical Necessity Criteria for Ophthalmic Glaucoma Agents

Drug Class – Ophthalmic Glaucoma Agents. All of these agents are eye drops used in the treatment of glaucoma.

Background – After evaluating the relative clinical and cost effectiveness of these agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary under the Uniform Formulary. This recommendation has been approved by the Director, TMA.

- Azopt (brinzolamide)
- Betimol (timolol hemihydrates)
- Istalol (timolol maleate)
- Travatan/Travatan Z (travoprost)
- Zioptan (tafluprost)

Medical Necessity Criteria for Ophthalmic Glaucoma Agents

Azopt (brinzolamide)

The non-formulary cost share for Azopt may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of Trusopt is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects with Trusopt.
3. Use of Trusopt has resulted in therapeutic failure.

Betimol (timolol hemihydrate) and Istalol (timolol maleate)

The non-formulary cost share for Betimol or Istalol may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of ALL of the following formulary alternatives is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient): Betagan, carteolol, levobunolol, and formulary timolol maleate products (Timoptic, Timoptic XE generic equivalents).
2. The patient has experienced significant adverse effects from ALL of the following formulary alternatives: Betagan, carteolol, levobunolol, and formulary timolol maleate products (Timoptic, Timoptic XE generic equivalents).
3. Use of ALL of the following formulary alternatives has resulted in therapeutic failure: Betagan, carteolol, levobunolol, and formulary timolol maleate products (Timoptic, Timoptic XE generic equivalents).

Travatan/Travatan Z (travoprost)

The non-formulary cost share for Travatan or Travatan Z may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of ALL of the following formulary alternatives is contraindicated (e.g., due to hypersensitivity): Lumigan, Xalatan.
2. The patient has experienced significant adverse effects from ALL of the following formulary alternatives: Lumigan, Xalatan.
3. Use of ALL of the following formulary alternatives has resulted in therapeutic failure: Lumigan, Xalatan.

Zioptan (tafluprost)

The non-formulary cost share for Zioptan may be reduced to the formulary cost share if the patient meets any of the following criteria:

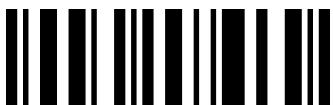
1. Use of ALL of the formulary alternatives is contraindicated (e.g., due to hypersensitivity): Lumigan, Xalatan.
2. The patient has experienced or is likely to experience significant adverse effects from ALL of the formulary alternatives: Lumigan, Xalatan.

Criteria approved through the DOD P&T Committee process August 2012

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**TRICARE Pharmacy Program Medical Necessity Form for
Ophthalmic Glaucoma Agents
Azopt, Betimol, Istalol, Travatan/Travatan Z, and Zioptan**



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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Ophthalmic glaucoma agents on the DoD Uniform Formulary include most ophthalmic glaucoma agents available in the U.S. **Azopt, Betimol, Istalol, Travatan/Travatan Z, and Zioptan are non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">• The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477• The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com	MTF	<ul style="list-style-type: none">• Non-formulary medications are available at MTFs only if both of the following are met:<ul style="list-style-type: none">○ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.○ The non-formulary medication is determined to be medically necessary.• Please contact your local MTF for more information. There are no cost shares at MTFs.

**Step
1**

Please complete patient and physician information (please print):

Patient Name: _____

Physician Name: _____

Address: _____

Address: _____

Sponsor ID # _____

Phone #: _____

Date of Birth: _____

Secure Fax #: _____

**Step
2**

Please indicate which medication is being prescribed:

<input type="checkbox"/> Azopt (brinzolamide)	Please go to Question 2
<input type="checkbox"/> Betimol (timolol hemihydrate) <input type="checkbox"/> Istalol (timolol maleate)	Please go to Question 3 on Page 2
<input type="checkbox"/> Travatan (travoprost BAK preservative) <input type="checkbox"/> Travatan Z (travoprost Sofzia preservative) <input type="checkbox"/> Zioptan (tafluprost)	Please go to Question 4 on Page 2

Azopt (brinzolamide)

Please explain why the patient cannot be treated with the formulary agent dorzolamide (Trusopt), which is also a carbonic anhydrase inhibitor. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why use of Trusopt would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
dorzolamide (Trusopt)	1 2 3	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent.
3. An adequate trial of the formulary agent resulted in therapeutic failure.

Questions for **Betimol, Istalol, Travatan/Travatan Z, and Zioptan** are on Page 2. For all products, please sign and date at the bottom of Page 2.

TRICARE Pharmacy Program Medical Necessity Form for
Ophthalmic Glaucoma Agents
Azopt, Betimol, Istalol, Travatan/Travatan Z, and Zioptan



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**Step
2**

Betimol (timolol hemihydrate), Istalol (timolol maleate)

Please explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable. Please note that timolol maleate solution (Timoptic, generics) and gel-forming solution (Timoptic XE, generics) are on the Uniform Formulary.

Formulary Medication	Reason	Clinical Explanation
carteolol (Ocupress)	1 2 3	
levobunolol (Betagan)	1 2 3	
metipranolol (Optipranolol)	1 2 3	
timolol maleate (Timoptic/Timoptic XE)	1 2 3	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent.
3. An adequate trial of the formulary agent resulted in therapeutic failure.

Travatan / Travatan Z (travoprost), Zioptan (tafluprost)

Please explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
bimatoprost (Lumigan)	1 2 3	
latanoprost (Xalatan)	1 2 3	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent.
3. An adequate trial of the formulary agent resulted in therapeutic failure.

**Step
3**

I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

Prescriber Signature

Date

[9 January 2013] _____